



# Membership Form

Triumph Riders Motorcycle Club Inc.  
www.triumphriders.co.nz



First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ DoB: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mail Address: [if different to above]

\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_

Phone Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address[es]: \_\_\_\_\_

Bike: Model: \_\_\_\_\_ Year: \_\_\_\_\_ Registration: \_\_\_\_\_

Model: \_\_\_\_\_ Year: \_\_\_\_\_ Registration: \_\_\_\_\_

**Membership Application:** (Full membership is available to Triumph owners/riders only, associate membership is only available to BEARS by invitation)

All new memberships  \$35, Renewal  \$24, Nominated by: \_\_\_\_\_ No. \_\_\_\_\_  
Includes Full and Associate Memberships

**\*PLEASE INCLUDE PAYMENT WITH THIS FORM.**

*If for any reason your application is rejected, you will receive a full refund of your payment.*

The above information will be used by the Triumph Riders Motorcycle Club to keep you informed of relevant products, events and information, and for your safety and wellbeing. Your acceptance will also include your name etc in a members list.

I approve of my information being made available to other members. Yes / No (Delete one)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If accepted as a member I agree to abide by the registered constitution of the club at all times when involved in club activity.

In Case of Emergency: Contact Person \_\_\_\_\_ Ph \_\_\_\_\_

Post with payment to: Membership Officer TRMC, 14 Parsons Ave, Levin 5510

\*Cheques to be made out to Triumph Riders MCC.

\*Online Payments to Triumph Riders MCC 06 0669 0188420 00. Use your name as Ref.

For Office Use Only

Pd  Db  MCd  Bdge  Ltr